



Please type a plus sign (+)

this box



PTO/SB/122 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

5754  
LO  
6-10-02  
#2

### CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Commissioner for Patents  
Washington, D.C. 20231

Applicati n Number	09/988461
Filing Dat	November 20, 2001
First Named Invent r	Cholod, Henry
Group Art Unit	3754
Examiner Name	NYA
Attorney Docket Number	VRO-005.01

Please change the Correspondence Address for the above-identified application to:



Customer Number

Type Customer Number here

Place Customer  
Number Bar Code  
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gary Loser				
Address	Varian Semiconductor Equipment Associates				
Address	35 Dory Road				
City	Gloucester	State	MA	ZIP	01930
Country	U.S.				
Telephone	(978) 282-2006	Fax	(978) 281-3152		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :



Applicant.



Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed.



Attorney or agent of record.



Registered practioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

COPY OF PAPERS  
ORIGINALLY FILED

Typed or  
Printed Name Kevin A. Oliver, Registration No. 42,049

Signature

Date

12/18/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signatur is required, se below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## Certificat of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
Washington, D.C. 20231

on 12/18/01.  
Date

*Kevin A. Oliver*

Signature

Kevin A. Oliver

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Customer No 25181  
Foley Hoag & Eliot, LLP  
One Post Office Square  
Boston, MA 02109

RECEIVED  
FEB - 5 2002  
FC 3700 MAIL ROOM